USC Health Sciences
Interprofessional Education (IPE) Committee Meeting
6/23/11, 12:00-1:30pm
Norris Medical Library, West Conference Room

Attendees:
- Keck: Yvonne Banzali, Dixie Fisher, Katie Jordan, Desiree Lee, Win May, Brian Prestwich, Jan Trial, Terri Woehrle
- School of Pharmacy: Ron Alkana, Kathy Besinque, Steve Chen, Melissa Durham (dual apt in PA Program), Jessica Kuo, Fred Weissman, Brad Williams
- Occupational Therapy: Erna Blanche
- Physician Assistants Program: Anne Walsh, Melissa Durham (dual apt in School of Pharmacy)
- Norris Medical Library: Emily Brennan, Amy Chatfield, Eileen Eandi
- Wilson Dental Library: John Glueckert
- Executive Director Government & Civic Engagement: Imani Brown

Project Updates

Eileen Eandi
- Reminded participants of IPE portal (http://norris.usc.libguides.com/ipe) containing minutes from meetings, full-text of key documents in IPE, committee member names and contact information.
- The library is considering doing some work to support student health fair work—providing selected apps for use and other educational information. Overall this was met with acceptance and interest from attendees.

Anne Walsh and Desiree Lee:
- Putting together a HRSA grant for the PA program and asked committee members to consider supplying letters of support for the grant application. The grant will focus on writing competencies for health sciences students for OSCEs. The grant will be written to include money for development of standardized SPP cases which draw upon competencies from different health care specialties and support for faculty to travel and present about these new cases. It will also pay for faculty development for PA faculty. The goal is to help train PA faculty to be able to create interdisciplinary OSCEs which could be used by PA students and other health sciences students at USC.

Terri Woehrle:
- The geriatrics IPE curriculum begins this fall. Students from Medicine, PA, OT, T, and Pharmacy will be assembled into interdisciplinary teams and meet with residents of an assisted living facility to provide medication reconciliation, gait exams, mental status exams, and other tasks. Dentistry will be integrated into the project in the next phase.

Yvonna Banzali:
- I am the Primary Care Community Medicine Program Coordinator for Keck. She is investigating other models of IPE, especially those at South Carolina and Toronto, for applicable ideas to borrow for our programs. She is planning a new professional experience student coalition for spring 2012 where interprofessionalism will be explored. So far primary care, OT, PT, and Pharmacy will participate in this.
South Carolina’s model includes a “presidential scholars” program where 40 students per year participate in an IPE curriculum. Toronto has the School of Interprofessional Experience. Desiree recommended reviewing the AAMC report on IPE as it includes a nice list of schools with IPE programs, including Jefferson and UCSF.

Desiree posed a question: Is IPE required in accreditation for the School of Pharmacy? (Note from Amy: The School is accredited by the Accreditation Council for Pharmacy Education, http://www.acpe-accredit.org/).

Kathy Besinque responds: IPE is mentioned in the newest accreditation requirements but it is very vague.

Katie Jordan:
- Working on adding Hollenbeck project (note from Amy: a long-term care project being carried out by the Dental School) to the PA curriculum. She is also working with Brian Prestwich on his existing patient-centered medical home and the wellness coaching projects.

Imani Brown:
- Serves as the Executive Director Government & Civic Engagement for the entire university.
- She has met with Steve Chen and is interested in the safety net clinics, accessibility for medically underserved populations, and advocacy for these populations. She is working with USC IT to help safety net clinics comply with the EMR requirement by 2014.

Dixie Fischer:
- More of a resource than actual project person.

Melissa Durham:
- Working with PAs to reach out to pharmacy and medical students. Needs to obtain a CLIA waiver and have it signed by a pathologist.
- Ann Walsh suggested that Melissa contact her for a lead on a pathologist who might do this.

Jessica Kuo:
- 2nd year medical student leaders and pharmacy student leaders have spoken about collaborating on health fairs. It was decided that the schools should try to maintain separate fairs for the next year. Medical students wish to obtain experience in identifying needy groups, designing and conducting relevant outreach; additionally, student wish to gain experience in the logistics of planning a health fair. Medical students will form groups based on specialties, diseases, or conditions (Ob/Gyn; diabetes care, etc.). Next health fair student group meeting is August 1.
- If there are opportunities for additional students to collaborate on a health fair, students will broadcast these opportunities.

Brian Prestwich brought up the idea that the Patient-Centered Medical Home concept might provide better long-term care for our communities than health fairs. The screenings done at health fairs help but don’t connect people in need to clinics where they could receive the interventions (drug or non-drug) to help improve their conditions.
John Glueckert thinks when people think of Medical Home, they don’t think of dentistry, OT, PT, so maybe rename it Health Home. Health Home name adopted by California Endowment. Dr. Prestwich loves idea of renaming it. Dr. Chen agrees needs to be health home, not med home. On HRSA committee, talking about med home, but at federal level PCMH still recognized.

There was a general discussion of whether the phrase “patient centered medical home” is appropriate or if it accidentally cuts out other disciplines—dental, pharmacy, nursing, etc. It was suggested that “health home” is a more inclusive phrase. This is already used by Medicaid for a specific program of reimbursement. Steve Chen pointed out that “medical home” is the US government’s preferred phrasing and so there may be some benefit to using this standardized term.

Win May wants to discuss competencies.

Eileen asks for feedback for timing of mtg. Brian suggested subgroups meet every month. Eileen asks if there’s value in listing IPE orgs on portal (everyone says yes). Also, send Emily IPE activities so we can add to portal calendar. Eileen asks everyone to send her info on campus IPE org/committee. John says to list scope of each committee.

Brian wants people to email him and Eileen: liability is up to each dept. Randy/Tammy Prehadit?? Is working on liability issues/compliance. Some other guy says that as long as people are practicing at CHMC it’s under their liability license. Wiseman says that it has to be worked through administrative channel. Issue is supervision and recognition of supervision from admin perspective. Maybe we need work group as first step towards credibility (not just Prestwich with another crazy idea). Pharmacist interns is what 1st year students are called; they have student license that says they must be supervised by clinical pharmacist (not FM).

Desiree: we don’t know about each other’s professions! Eileen suggests monthly mtg with themes (liability, etc).

Win May says that we should have workshops for ALL faculty and students to teach about each profession.

Eileen says we still have to talk about Core Competencies. Desiree suggests subgroup for Core Competencies. DELPHI method; vote by email.

Kathy says we need nurses. County nursing program? Or nurse anesthetists. Cal State LA nursing program (yes). Azuza Pacific University bachelor’s program in undergrad nursing. Maybe USC social work students too? Brad Williams will email Eileen contact. Bob Knight psychology.

Next mtg: Core Competencies. Will explain rationale of competencies. Desiree and Win May to develop initial long draft. Dr. Prestwich wants to talk about liability coverage when people come into facilities later in mtg.